



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt./Box # \_\_\_\_\_ Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

***One registration form can be used for more than one person in the same household***

[illegible]

Program”), \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (the “Participant”) individually and/or by my Parent or Legal Guardian  
(either or both herein referred to as the “Releaser”), on behalf of Participant, and Participant’s heirs and legal representatives, hereby releases the Town of Berlin, its officers,  
employees, agents and administrators from all loss of property, liability for injury, claims, causes of action, agreements, promises, damages, judgments whatsoever, which the  
Participant has or shall have, arising out of or related to participation in the Program and use of the equipment and facilities of the Town of Berlin and its vendors. Releaser is  
aware that there are risks and danger of personal injury and loss of property from participation in the Program, and Releaser acknowledges that participation in the Program is  
strictly voluntary and at Participant’s sole risk. Releaser hereby gives consent and permission to the Town of Berlin to obtain on Participant’s behalf emergency medical  
treatment in case of sickness, accident, or injury and to secure such medical attention at Participant’s expense. Releaser further agrees on behalf of Participant, Participant’s  
heirs and legal representatives to indemnify, hold harmless and defend the Town of Berlin, its officers, employees, agents and administrators from and against and in respect  
of any loss of property, liability for injury, claims, causes of action, agreements, loss, damages, judgments, costs, expense and attorneys fees whatsoever in connection with or  
arising out of Participant’s involvement or participation in the Program. The Parks and Recreation Department reserves the right to photograph program participants for  
publicity purposes. Please be aware That these photos are for Parks and Recreation use only and may be used in future brochures, flyers, website and/or on the Department  
bulletin board, located in the Parks and Recreation Department office. IN WITNESS WHEREOF, the undersigned certifies that he/she has read this Agreement discussed it with  
Town of Berlin staff and has voluntarily executed this Agreement on the day of \_\_\_\_\_, 2023

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Parent/Legal Guardian if under 18 years old, Participant